

CLAIMS ONLY

6-1-05

Application Number

10/800,680

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|--------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | 1 | | | | 51 | | | | | |
| 2 | | | | 1 | | | 52 | | | | | |
| 3 | | | | 1 | | | 53 | | | | | |
| 4 | | | | 1 | | | 54 | | | | | |
| 5 | | | | 1 | | | 55 | | | | | |
| 6 | | | | 1 | | | 56 | | | | | |
| 7 | | | | 1 | | | 57 | | | | | |
| 8 | | | | 1 | | | 58 | | | | | |
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| 50 | | | | | | | 100 | | | | | |
| Total | | | 1 | | | | Total | | | | | |
| Indep | | | | | | | Indep | | | | | |
| Total | | | 7 | | | | Total | | | | | |
| Depend | | | | | | | Depend | | | | | |
| Total | | | 8 | | | | Total | | | | | |
| Claims | | | | | | | Claims | | | | | |